## DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

As a below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

plural names are listed below) of the sub MOBILE TELEPHONE DEVICE	ject matter which	is claimed and f	or which a patent is sought o	n the invention of	entitled:
the application of which 区 is attached hereto	OR	Number or I	on	n Number was amended o	
I hereby state that I have reviewed and by any amendment specifically referred	understand the coto above.	ontents of the abo	ove identified application, in	cluding the clair	ms, as amended
I acknowledge the duty to disclose i continuation-in-part application(s), mate the national or PCT international filing of	erial information	which became a	vailable between the filing d	1 37 CFR 1.56 ate of the prior	i, including for application and
I hereby claim foreign priority benefits or plant breeder's rights certificate(s), of than the United States of America, listed patent, inventor's or plant breeder's right application on which priority is claimed	or 365(a) of any led below and have ts certificate(s), of the certificate(s), of the certificate(s).	PCT internationa ve also identified	I application(s) which design below, by checking the box	nated at least or , any foreign a	ne country other pplication(s) for
	<b>G</b>		Foreign Filing Date	Priority ( Yes	Claimed No
Prior Foreign Application Number(s) 256545/2002	Japa	n	(Day/Month/Year) 2/9/2002	<u> </u>	
I hereby claim domestic priority benefit States provisional application(s), or §36 insofar as the subject matter of each International application in the manner to disclose any information material to filing date of the prior application and the	of the claims of the claims of the patentability	International ap f this application first paragraph of of this application	plication(s) designating the in is not disclosed in a lister Title 35, United States Code on as defined in 37 C.F.R. 1	United States, li ed prior United e, §112, I ackno	isted below and, I States or PCT owledge my duty
Prior U.S. or International Application N	(umber(s)	U.S. or Interna	ational Filing Date	Stat	tus
I hereby appoint all attorneys of SUGI my attorneys to prosecute this applicate therewith, recognizing that the specific discretion of Sughrue Mion, PLLC, and the same USPTO Customer Number.	tion and to transa attorneys listed	act all business in under that Custo	n the United States Patent at mer Number may be change about the application be addi	nd Trademark C ed from time to	Office connected time at the sole
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PATENT TRADEMARK OFFICE

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVE	NTOR:						
Given Name TOSHIK	HOSOI						
(first and middle [if any]),		Family Name or Surname					
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NAME OF SECOND INVENTOR:							
Given Name (first and middle [if any])		Family Name or Surnam	e				
Inventor's Signature			Date				
Residence: City	State	Country		Citizenship			
Mailing Address:	T	r					
City	State	Zip		Country			
NAME OF THIRD INVENTOR:							
Given Name (first and middle [if any])		Family Name or Surnam	e				
Inventor's Signature			Date				
Residence: City	State	Country		Citizenship			
Mailing Address:							
City	State	Zip		Country			
NAME OF FOURTH INVENTOR							
Given Name (first and middle [if any])		Family Name or Surnam	ne				
Inventor's Signature			Date				
Residence: City	State	Country		Citizenship			
Mailing Address:				·			
City	State	Zip		Country			
NAME OF FIFTH INVENTOR:							
Given Name							
(first and middle [if any])		Family Name or Surnan	ne				
Inventor's Signature	- <del>j</del>	<del></del>	Date				
Residence: City	State	Country		Citizenship			
Mailing Address:							
Mailing Address:  City	State	Zip	-	Country			
I CILY \	Julio						